EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim II	D s31990
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classifica	ation
USA Commercial mortgage company	00-10	723-LDN	\$43 207 07 Unse	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request* for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	or arr	filed a proof of claim relating	The amounts refle	cted above constitute your claim as
Name of Creditor and Address THE M EVELYN FISHER REVOCABLE TRUST DATED 11/07/05 C/O M EVELYN FISHER AND/OR SUCCESSOR(S) IN TRUST A 12051 S CHEROKEE LN TUCSON AZ 85736 1317 Creditor Telephone Number ()	01238	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the I you agree with the other claim agains this proof of claim If the amounts sh Uniquidated or I filed If you have air Bankruptcy Court	Debtor or pursuant to a filed claim If amounts set forth herein and have no tithe Debtor you do not need to file EXCEPT as stated below flown above are listed as Contingent, properly, a proof of claim must be leady filed a proof of claim with the or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	a previously	r filed claim dated
1 BASIS FOR CLAIM		L arrier		<u> </u>
Goods sold Personal injury/wrongful death		benefits as defined in 11 U S		Unremitted principal
Services performed Taxes	_	salaries and compensation ((fill out below)	Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe briefly)		r digits of your SS # compensation for services pe	rformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	nt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)	our claim is secu	ired by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim all or part of which is		Real Estate		e
entitled to priority		Value of Collateral		7,239,19
Amount entitled to priority \$ 48,446,78		Amount of arrearage a secured claim if any		at time case filed included in
Specify the priority of the claim Demonto support obligations under 11 H.S.C. \$ 507(a)(1)(A) or (a)(1)(B)	_	_		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days	<u>L</u>	Up to \$2 225 of deposits toward services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units	11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	• .	•
Continuations to an employee benefit plan 11 0 3 0 § 307 (a)(3)		* Amounts are subject to adjust with respect to cases commen		, ,
5 TOTAL AMOUNT OF CLAIM \$ 48, 446, 78 \$	109	239.19 \$ 48,	146.78	\$ 157685 97
AT TIME CASE FILED (unsecured)	(:	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments, mortgages, security DOCUMENTS If the documents are not available explain. If the	<i>uments</i> , so agreemen	uch as promissory notes, pur its, and evidence of perfectio	chase orders in n of Iren DO N	voices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of	your claim, enclose a stampe	ed, self addresse	d envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO	n, prevaili corporati BY HAND	ng Pacific time, on Novemlons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY
			ED OCT 1 3 2006	
P O Box 911	1330 Eas	st Franklin Avenue	·	
El Segundo CA 90245 0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file				
this claim (attach copy of power of attorney if any)			USA CMC	
10 10 06 M Euclyn Fesher			1072500578	

UNITED STATES BANKAUPTCY COURT	PROOF OF CLAIM			
DISTRICT OF NEVADA			YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim II	O s32651
USA Commercial Mortgage Company	06-107	'25-LBR	Amount/Classifica	ation
gage company	00 102		\$28 804 73 Unsed	cured
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	o. u.,	filed a proof of claim relating to your claim. Attach copy of		cted above constitute your claim as
Name of Creditor and Address	04707	statement giving particulars	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.	
WOOD FAMILY TRUST DATED 9/29/98	01/3/	Check box if you have		
C/O TINA KL LOW WOOD TRUSTEE	ì	never received any notices from the bankruptcy court or]	own above are listed as Contingent,
7195 LIGHTHOUSE LN RENO NV 89511 1022		BMC Group in this case	Unliquidated or D	sputed, a proof of claim must be
		Check box if this address differs from the address on the	If you have alre	eady filed a proof of claim with the
Continue Tallahara Nambar (22 5 5 5 2 2 2 2 2 4) Van Dalla	- () ()	envelope sent to you by the court		or BMC you do not need to file again
Creditor Telephone Number (33582-2333(H)/(335)348-86 Last four digits of account or other number by which creditor identifies				E IS FOR COURT USE ORLY
Client ID 1313		Check here	. a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree h	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation (Other claims against service
Services performed Taxes	•	digits of your SS #		(not for loan balances)
Money loaned	Unpaid c	ompensation for services pe	erformed from	to
O DATE DEPT WAS INCURDED.	la ir o	OURT HIPOMENT DATE	DTAINED	(date) (date)
2 DATE DEBT WAS INCURRED FEBRUARY 1 2006 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE One your claim and state the amount		e time case filed
See reverse side for important explanations		SECURED CLAIM		1
UNSECURED NONPRIORITY CLAIM \$ 79, 5 22.36 Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	Check this box if you	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you	r claim is	a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	□
Check this box if you have an unsecured claim all or part of which is		Real Estate	<u> </u>	Other
entitled to priority Amount entitled to priority \$		Value of Collateral	· ———	
Specify the priority of the claim		secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family o		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	片	Taxes or penalties owed to go		, , , , ,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjus	• .	- ' ' '
5 TOTAL AMOUNT OF CLAIM \$ 39 522 26 \$		with respect to cases commen	ced on or after the o	
5 TOTAL AMOUNT OF CLAIM \$ 79,522 36 \$ (unsecured)		ecured)	(pnonty)	\$ 79,522 36
Check this box if claim includes interest or other charges in addition to the	•	•	,,	(Total) If all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<i>ıments,</i> su	ch as promissory notes pur	chase orders inv	oces itemized statements of
running accounts contracts court judgments mortgages, security DOCUMENTS If the documents are not available explain. If the	agreement	ts, and evidence of perfection	n of lien DO NO	OT SEND ORIGINAL '
8 DATE-STAMPED COPY To receive an acknowledgment of th			•	d envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,				OOL OILL
governmental units) BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	BMC Group Attn USACM Claims Docketing Center		er	USA CMC
P O Box 911 El Segundo CA 90245 0911		t Franklin Avenue lo, CA 90245		1072500590
DATE SIGN and print the name and title if any of the	creditor or			FD DOT 1 6 2008
OCTOBER 9, 2000 this claim (attach copy of power of attorn	•	1012 1200		LED OCT 16 2006
11 January 111	NA KI	Low Wood	,	•

FORM B10 (Official Form 10) (10/05)

"FIRST AMENDED"

United States Bankrupicy Court	DISTRICT OF NEVADA	PROOF OF CLAIM			
Name of Dubtor USA COMMERCIAL MORTGAGE CO	Case Number BK-S-06-10725 LBR	PROOF OF CLAIM			
NOTE This form should not be used to make a claim for an adminis of the case. A request for payment of an administrative expense ma	1				
Name of Creditor (The person or other entity to whom the debtor owes money or property) David Fossati	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars				
Name and address where notices should be sent c/o Martin P Meyers 1000 SW Broadway, #1400, Portland OR 97205 Telephone number 503 227 1111	 Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court. 	This Seace is for Court Use Only			
Last four digits of account or other number by which creditor identifies debtor	Check here	ed claim dated <u>8-22-06</u>			
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other — See attached	Retiree benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for services from	ation (fill out below) vices performed			
2 Date debt was incurred Various	3 If court judgment, date obtained	ı			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See ieverse side for important explanations Unsecured Nonpriority Claim \$ See attached Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ To be det Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (1)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan 11 U S C \$ 507(a)(5)					
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad-	(unsecured) (secured)	See attached See attached (priority) (Total)			
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security FILED NOV 0 1 200					
agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu 8	ninous attach a summary ing of your claim enclose a stamped self- ne creditor or other person authorized to ney if any)	USA CMC 1072500698			
111111111111111111111111111111111111111					

UNITED STATES BANKRUPTCY COURT PROOF		OF OF CLAIM	
DISTRICT OF REVADA			YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Claim ID s31369
(41)10 0) 2 03(0)		25-LBR	Amount/Classification
USA Commercial Mortgage Company	USA Commercial Mortgage Company 06-107		\$115 218 87 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers			
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A 'request' for payment		Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503	OI WII	filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as
Name of Creditor and Address		etatement giving particulars	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no
113212400	00662	m	other claim against the Debtor you do not need to file
JOHN BAUER IRA 40808 N RIVER BEND RD		never received any notices	this proof of claim EXCEPT as stated below
ANTHEM AZ 85086 2946		from the bankruptcy court or BMC Group in this case	If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be
		Check box if this address	filed
		differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (645 551-15(6		court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check hore	ces
5315		Check here I repland or or armer	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation	(fill out below) Other claims against servicer (not for loan balances)
Services performed Taxes		r digits of your SS #	
Money loaned	Unpaid o	compensation for services pe	
2 DATE DEBT WAS INCURRED 817104 - 8106-104-6/20	7.13. IF C	OURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Cifeck the appropriate box or boxes that See reverse side for important explanations			
UNSECURED NONPRIORITY CLAIM \$ 400,000 .00 TINT		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) y			our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description			collateral
UNSECURED PRIORITY CLAIM) `	Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	
Amount entitled to priority \$			
Specify the priority of the claim		secured claim if any	nd other charges <u>at time case filed</u> included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		I In to \$2 225, of deposits tows	ard purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000), earned within 180 days			r household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	⊑	· · · · · · · · · · · · · · · · · · ·	vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	L_		agraph of 11 U S C § 507(a) ()
		with respect to cases commen	stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 400,000 9+INT \$ 1	00,00	3 + INT \$	\$ 500,000 00 + 7107.
(unsecured)	•	secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the			
6 CREDITS The amount of all payments on this claim has been cred. 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u>			- '
running accounts contracts court judgments mortgages security			
DOCUMENTS If the documents are not available explain. If the			
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	ed self addressed envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm			
for each person or entity (including individuals, partnerships,			
governmental units) BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO			
BMC Group Attn USACM Claims Docketing Center	Attn USA	up NCM Claims Docketing Cente	er
P O Box 911	1330 Eas	t Franklin Avenue	FILED NOV 0 9 2006
El Segundo CA 90245 0911 DATE SIGN and print the name and title if any of the		do CA 90245 other person authorized to file	USA CMC
this claim (attach copy of power of attorn	ey if any)		AS BERS 414 SE INSERTA BRANCE RAG
NOV. Clc 2006 / Sauce .	John	NJ BAUER	1072501243

Unitied States Bankruptcy Court	Dis	TRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE C	Case	Number 06-10725	
NOTE. This form should not be used to make a claim for an adm of the case. A "request" for payment of an administrative expense	inistrative exp	ense arising after the commencement pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): GRABLE B. ROWNING	else you givi	ck box if you are aware that anyone has filed a proof of claim relating to relaim. Attach copy of statement ng particulars.	
Name and address where notices should be sent: ROBERT C. LEPOME 10120 S. EASTERN #200 HENDERSON, NV 89052	noti cass Che add	cck box if the address differs from the ress on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number: (7=2) 492-1271 Last four digits of account or other number by which creditor identifies debtor: 5433	Ch	court. ck here replaces is claim amends a previously file	d claim, dated:
1. Basis for Claim GENERAL VIVS CO Goods sold CLAIM - CLASS Services performed DIVERTED P Personal injury/wrongful death Taxes	, 4 RINKIPA		(ion (fill out below)
2. Date debt was incurred: 791 1, 2005	3.		
b) your claim exceeds the value of the property securing it, or it only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part entitled to priority.		Brief Description of Collaters Real Estate	Vehicle Other
Amount entitled to priority \$		secured claim, if any: \$	
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)()	(A) or	Up to \$2,225* of deposits toward put or services for personal, family, or ho § 507(a)(7).	rchase, lease, or rental of property susehold use - 11 U.S.C.
(a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned wages before filing of the bankruptcy petition or cessation of the business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 5	within 180 debtor's	Taxes or penalties owed to governme Other - Specify applicable paragraph mounts are subject to adjustment on 4/ with respect to cases commenced on	of 11 U.S.C. § 507(a)(). 1/07 and every 3 years thereafter
5. Total Amount of Claim at Time Case Filed: AS OF LIST 6, Check this box if claim includes interest or other charges in interest or additional charges.	2026	(urscound) (secured) (he principal amount of the claim. Attac	priority) (fotal) ch itemized statement of all
6. Credits: The amount of all payments on this claim has making this proof of claim.			THIS STACE IS FOR COURT USE ONLY
 Supporting Documents: Attach copies of supporting do orders, invoices, itemized statements of running accounts, or agreements, and evidence of perfection of lien. DO NOT documents are not available, explain. If the documents are Date-Stamped Copy: To receive an acknowledgment of the addressed envelope and copy of this proof of claim. 	contracts, cour SEND ORIG voluminous,	t judgments, mortgages, security INAL DOCUMENTS. If the	ED DEC 0 4 2006
Date Sign and print the name and title, if any file this claim (attach copy of power of Region C. L. Form.)			

Case 06-10725-gwz Doc 8814-3 Entered 08/03/11 16:28:33 Page 7 of 11

UNITED STAFES BANKRUPTCY COURT	PROOF OF CLAIM	
Name of Debior USA COMMERCIAL MORTGAGE CO	11.00. 07 00 11.11	
NOTE This form should not be used to make a claim for an administrative expense ma		
Name of Creditor (The person or other entity to whom the dibtor owes money or property) SPECTRUM CAPITAL, LLC	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent ROBERT C. LEPOME 10120 S. EASTERN #200	notices from the bankruptcy court in this case Check box if the address differs from the	The state of the s
10120 S. EASTERN #200 HENDERSON, NV 89052 Telephone number 702 4/92-1271 Last four digits of account or other number by which creditor	address on the envelope sent to you by the court. Check here replaces	THIS SPACE IS FOR COURT USE ONE?
identifies debtor	if this claim amends a previously fil	ed claim dated
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other CLASS 4	Returee benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser from (date)	ation (fill out below) vices performed
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained	
Unsecured Nonpriority Claim \$ 40,131-24 Check this box if a) there is no collateral or lien securing you by your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	Brief Description of Collater Real Estate Motor	Vehicle Other————————————————————————————————————
Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) of	Up to \$2 225* of deposits toward pu or services for personal, family, or h § 507(a)(7)	
(a)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debit business, whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)	tor's *Amounts are subject to adjustment on 4.	n of 11 USC § 507(a)() /1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed AS OF NOT 6, 2006 □ Check this box if claim includes interest or other charges in ad interest or additional charges		ゲイン/3/. ユケ (priority) (Total) ch itemized statement of all
 Credits The amount of all payments on this claim has been making this proof of claim 	n credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluments are voluments.	racts court judgments mortgages, security ND ORIGINAL DOCUMENTS If the aminous, attach a summary Tiling of your claim, enclose a stamped self-	FILED DEC 0 4 20
Date Sign and print the name and title if any, of file this claim (attach copy of power of atto		USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Number			
USA Commence Mont sucy Company	1	10725 (LRK)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
GAIL HODES LIVING THUST datel 9/10/03		l		
Clo GAIL R. Homes Thus The		Check box if you have never received any notices		
11 073 BARILLIA LANCE		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
HUWTNGTON BENEH, SA 92649		Check box if this address	ONE OF THE DEE	
1,000		differs from the address on the		eady filed a proof of claim with the
Creditor Telephone Number (7/4) @40- 6636		envelope sent to you by the court		or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	replay	L	ZIO FOR ODOR FOR ODE ORE
3823		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	, -	salaries and compensation (r digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
☐ Money loaned ☐ Other (describe briefly) See HTTHEND	Unpaid	compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED SEE MATHEMA		OURT JUDGMENT, DATE C		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	tibe your claim and state the amoi	unt of the claim at th	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)		a right of setoff)	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	•		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	` <u>_</u>	Up to \$2 225 of deposits towa services for personal family of Taxes or penalties owed to go	or household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Other Specify applicable para		• ,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	_	Amounts are subject to adjus	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ See ATTHEHEID \$		with respect to cases commen	icea on or after the	
AT TIME CASE FILED (unsecured)	(:	secured)	(priority)	Total)
Check this box if claim includes interest or other charges in addition to the			mized statement of	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been creed. 7 SUPPORTING DOCUMENTS. Attach copies of supporting documents.				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the o	agreement	s and evidence of perfection	of lien DO NO	orces itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self addressed	envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships, of governmental units) BY MAIL TO	, prevailir corporatio	ng Pacific time, on Novemberns, joint ventures trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 Eas	ACM Claims Docketing Cente it Franklin Avenue	F [[.ED DEC 0 7 2006
El Segundo CA 90245 0911 DATE SIGN and part the name and title if any of the		do CA 90245		
this claim (attach copy of power of attori	ney if any)			
12/2/06 Lail Hodes T	TTEG	GAIL HO	des	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impnsonme	nt for up to	5 years or both 18 U S C §§	152 AND 3571	1072501573

Doc 8814-3 Entered 08/03/11 16:28:33 FORM B10 (Official Filling) (00)-(10/08)5-GWZ Page 9 of 11 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the dublor owes maney or property) LouisE cise has filed a proof of claim relating to your claim Attach copy of statement giving particulars TEETER IRA ROLLOVER ☐ Check box if you have never received any notices from the bankruptcy court in this ROBERT C. LEPOME 10/20 S. EASTERN # 200 Check box if the address differs from the HENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number (702) 492-1271 the court. Last four digits of account or other number by which creditor Check here replaces identifies debtor if this claim amends a previously filed claim dated_ GENERAL UNSECURED OF CHAIM - CLASS 4 1 Basis for Claim Retiree benefits as defined in 11 USC § 1114(a) Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS# Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death (date) (date) NEGLICENCE & FRAUD Ռ Other -Date debt was incurred JAN 1,2005 If court judgment, date obtained APRIL 12, 2006 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim 5_197. Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle Other. Unsecured Priority Claim Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$_ Amount entitled to priority \$_ Specify the priority of the claim ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U S C. ☐ Domestic support obligations under !1 U S C. § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)☐ Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) ☐ Wages, salanes, or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) ☐ Other - Specify applicable paragraph of II USC § 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) 197814 5 Total Amount of Claim at Time Case Filed (unsecured) (secured) (Total) (priority) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits The amount of all payments on this claim has been credited and deducted for the purpose of THES SPACE IS FOR COURT USIN ONLY making this proof of claim

7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary 8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, selfileD DEC 0 8 2006 addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) BAD# 1980 OME, ATTY FOR CLAIMANT USA CMC

РОНИ ВТИ (ОПС® 3-98ПОВ) 1.079-5 -9WZ Doc 8814	4-3 Entered 08/03/11 16:28:33	Page 10 of 11			
UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	BDOOF OF OLAW			
Name of Debtor USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	PROOF OF CLAIM			
NOTE This form should not be used to make a claim for an admin of the case. A "request for payment of an administrative expense in					
Name of Creditor (The person or other entity to whom the dubtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement				
NORMAN TEETER Name and address where notices should be sent ROBERT C. LEPOME	giving particulars Check box if you have never received any notices from the bankruptcy court in this case.				
10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor 275 (one of two)	Check here replaces of this claim replaces a previously file	d claım, dated			
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes	Last four digits of your SS # Unpaid compensation for serv	tion (fill out below) uces performed			
Other NEGLICENCE + FRAUD	(date)	(date)			
2. Date debt was incurred JAN 1, 2005 To APRIL 12, 2006	3. If court judgment, date obtained				
4 Classification of Claim. Check the appropriate box or boxes it See reverse side for important explanations. Unsecured Nonpriority Claim 5 / 36, 246 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	Secured Claim Check this box if your claim is a right of setoff)	secured by collateral (including			
Unsecured Priority Claim	Brief Description of Collatera				
☐ Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ Amount of arrearage and other charges at time case filed included in					
Amount entitled to priority \$	Amount of arrearage and other charge secured claim if any \$				
Specify the priority of the claim	Up to \$2 225* of deposits toward pure or services for personal family or hol	chase, lease, or rental of property sehold use - 11 U S.C.			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	or § 507(a)(7) ☐ Taxes or penalties owed to governmen				
☐ Wages, salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the debiasiness whichever is earlier 11 U S C § 507(a)(4)	in 180 🔲 Other - Specify applicable paragraph o	of 11 U S C § 507(a)()			
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)					
5 Total Amount of Claim at Time Case Filed	\$ /36,246	136,246			
Check this box if claim includes interest or other charges in ad interest or additional charges.	(unsecured) (secured) (p dition to the principal amount of the claim Attach	oriority) (Total) in itemized statement of all			
 Credits The amount of all payments on this claim has been making this proof of claim 	r credited and deducted for the purpose of	THIS SONCE IS IT IR COURT USE ONLY			
7 Supporting Documents Attach copies of supporting docum	ents, such as promussory notes, purchase				
orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN	acts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the				
documents are not available explain. If the documents are voluminous attach a summary					
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, self- addressed envelope and copy of this proof of claim					
Date Sign and print the name and title if any of file this claim (attach copy of power of atto-	rney (fany) BAR#1980	LISA CMC			
Penalty for presenting froudulent claum Fine of up to \$500,000 as	ATTY FOR CLAIMANT	USA CMC			

	Savedin Voje(Vires) 9V/2 DOC 0014				1 age II of II
	BANKRUPTCY COURT	DE	TRICT OF_	NEVADA	PROOF OF CLAIM
Name of Debtor USA COM	MERCIAL MORTGAGE Co.		Number 6-10	725	
	should not be used to make a claim for an admini quest for payment of an administrative expense ma				
debior owes money TEETER	The person or other entity to whom the y or property) LOUISE + NORMAN TEETER	eise you givi	has filed a pr r claim. Attac ng particulars	are aware that anyone roof of claim relating to th copy of statement have never received an	
ROBERT C	where notices should be sent LEPOME EASTERN # 200 SON, NV 99052	not	ces from the	bankruptcy court in this	S
Telephone number	(702) 492-1271	the	court.	velope sent to you by	THIS SPALT IS HOR COURT USF ONLY
identifies debtor	account or other number by which creditor 275 (TWO OF TWO)		ckhere □ı ısclaım □		iled claim dated
☐ Money ☐ Persons ☐ Taxes	sold sold sperformed Chain - Class loaned al injury/wrongful death	eure d 4	Last fo Unpar	ee benefits as defined and compens our digits of your SS # and compensation for se (date)	sation (fill out below) rvices performed
2. Date debt w	ras incurred JAN 1, 2005	3.	If court ju	idgment, date obtain	ed
	TO APRIL 12, 2006 of Claim. Check the appropriate box or boxes the	at best des	cribe Your cla	sum and State the amoun	n of the claim at the time case filed
See reverse side Unsecured Nong Check this bibly your claim exce	for important explanations. oriority Claim \$ 68.696 ox if a) there is no collateral or lien securing you reds the value of the property securing it, or if c) claim is entitled to priority		Secured Checa right of	Claim	is secured by collateral (including
Unsecured Priors				Real Estate	
Check this be entitled to priority	ox if you have an unsecured claim all or part of w	vhich is	Amount of		arges at time case filed included in
Amount entitled to	priority \$		L	arm, if any \$	
Specify the priority of Domestic supp (a)(1)(B)	f the claim port obligations under 11 U.S.C. § 507(a)(1)(A) o				urchase, lease, or rental of property household use - 11 U S C.
☐ Wages, salaried days before filing of husiness, whichever	s, or commissions (up to \$10 000),* earned within if the bankruptcy petition or cessation of the debt is earlier 11 U.S.C. § 507(a)(4)	n 180 🗆	Other - Spec	nfy applicable paragrap	tental units - II USC § 507(a)(8) sh of II USC § 507(a)()
	s to an employee benefit plan - 11 U.S.C. § 507(a				1/1/07 and every 3 years thereafter or after the date of adjustment.
	nt of Claim at Time Case Filed	\$	68,690	<u> </u>	68,696
☐ Check this box interest or addition	of claim includes interest or other charges in additional charges.	lition to th	(uniscuted) e principal an	(secured) mount of the claim Att	(priority) (Total) sch itemized statement of all
making this pro-	e amount of all payments on this claim has been of of claim ocuments. Attach copies of supporting documents itemized statements of running accounts, contra	enis, such	as promissory	y notes, purchase	THIS SPACE IS IT AR COURT USE ONLY
agreements and documents are r	devidence of perfection of lien DO NOT SEN not available explain. If the documents are voluited as a series of the comments are voluited as a series of the comm	D ORIGIN	AL DOCUM	MENTS If the	ILED DEC 0 8 2006
 Date-Stamped addressed envel 	Copy To receive an acknowledgment of the fi- ope and copy of this proof of claim	ling of you	r claim encio	ose a stamped, self-	
Date	Sign and print the name and title, if any, of the file this claim (attach copy of power of attor	he creditor mey if any		son authorized to £1980	
12/8/06			TOR GL	AIMANT	USA CMC
Penalty for present	ting fraudulent claim. Fine of up to \$500,000 or	Impresser	ent for up to	Sween or both 1911	1072501583